

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
S P — 4 0 2

2. STATE:
Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 10, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$ -0-
b. FFY 2005 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4
Attachment 3.1-A, Page 4 Addendum
Attachment 4.19-B, Page 21 (New Page)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 4
Attachment 3.1-A, Page 4 Addendum
Attachment 4.19-B, Page 21 (New Page)

10. SUBJECT OF AMENDMENT: Independent Therapist Providers (Physical Therapy, Occupational Therapy, and Speech/Language Pathology Services)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Governor's comments under separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Elaine Archangelo

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi

Secretary, Delaware Health and Social Services

15. DATE SUBMITTED:

02/18/04

16. RETURN TO:

Elaine Archangelo
Director
Division of Social Services
P.O. Box 906
New Castle, Delaware 19720-0906

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|---|---|
| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: 2-10-2004 | 18. DATE APPROVED: APR 9 2004 |
| 19. PLAN APPROVED (ONE ONLY ATTACHED) | |
| 20. EFFECTIVE DATE OF APPROVED MATERIAL: 2-10-2004 | 21. SIGNATURE OF REGIONAL OFFICIAL: <i>MARY T. McSORLEY</i> |
| 22. TYPED NAME: MARY T. McSORLEY | 23. TITLE OF REGIONAL ADMINISTRATOR: DIRECTOR OF MEDICAL AND CHILDREN'S HEALTH |
| 24. REMARKS: | |

NEW STATE PLAN PAGES

REVISION:

ATTACHMENT 3.1-A
Page 4

State DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Limitations indicated on Attachment 3.1-A, Page 4 Addendum

TN No. SP-402
Supersedes
TN No. SP-226

Approval Date APR 10 2004
Effective Date February 10, 2004

State DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

9. Clinic Services

Clinic services are limited to the following:

- medical or rehabilitation clinics (including Mental Health clinics which require certification by the ~~Division of Alcohol, Drug Abuse and Mental Health (DADAMH)~~ Division of Substance Abuse and Mental Health (DSAMH) as part of the Single State Agency for Medicaid) and
- State Licensed Free Standing Surgical Centers (FSSCs) which equate to Federally defined Ambulatory surgical Centers (ACSS) using related policies for ACSs described in Sections 2265 and 2266 of the Medicare Carriers Manual.

10. Dental clinic services are available only to EPSDT eligibles.

11. Physical therapy and related services are limited to the following:

- Physical therapy (PT) services are limited to the amount, frequency, and duration of the PT services and must be reasonable and necessary. DMAP does not reimburse individual therapists directly for PT services provided to nursing home residents. The nursing facility is responsible for providing PT service to residents either directly or through contractual arrangement. Independent physical therapy services are limited to services provided in the therapist's office or client's home. The patients treated are the therapist's own patients and the therapist collects a fee for the services rendered.
- Occupational therapy (OT) services are limited to the amount, frequency, and duration of the OT services and must be reasonable and necessary. Independent occupational therapy services are limited to services provided in the therapist's office or client's home. The patients treated are the therapist's own patients and the therapist collects a fee for the services rendered. The services rendered under occupational therapy shall not be duplicated by physical therapy. DMAP does not reimburse individual therapists directly for OT services provided to nursing home residents. The nursing facility is responsible for providing OT services to residents either directly or through contractual arrangement.
- Speech/Language Pathology Services are limited to the amount, frequency, and duration of the speech/language therapy services and must be reasonable and necessary. Independent speech/language pathology services are limited to services provided in the therapist's office or client's home. The patients treated are the therapist's own patients and the therapist collects a fee for the services rendered. DMAP does not reimburse individual therapists directly for speech/language therapy services provided to nursing home residents. The nursing facility is responsible for providing speech/language therapy services to residents either directly or through contractual arrangement.

TN No. SP-402
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TN No. SP-226

Approval Date

APR 19 2004

Effective Date

February 10, 2004

NEW STATE PLAN PAGE

ATTACHMENT 4.19-B
Page 21

State DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – PHYSICAL THERAPY AND RELATED SERVICES

Physical therapy and related services are reimbursed as follows:

Physical and occupational therapists and speech/language pathologists who are individually enrolled with the DMAP are reimbursed at a set rate using HCPCS procedure codes. Reimbursement rates shall be based on the Medicare Relative Value (RVU).

All necessary supplies and equipment used by the therapist in the course of treatment are included in the reimbursement visit and cannot be billed separately.

Services provided by an occupational therapy assistant, physical therapy assistant, and a speech/language pathology assistant are included in the reimbursement to the qualified therapist/pathologist.

When billing for PT, OT and Speech/language pathology services providers shall use the appropriate Physical Medicine and Rehabilitation CPT procedure codes and specify the diagnosis with accurate ICD-9-CM codes.

When billing for services provided by a physical therapist, providers must specify the diagnosis that is being treated. For billing purposes, providers must include the medical diagnosis that may differ from the impairment-based diagnosis described in *The Guide to Physical Therapist Practice Patient/Client Management Model*.

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TN No. N/A

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